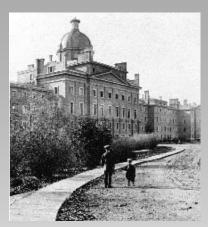
Developing an integrative Knowledge Translation and Exchange Framework at CAMH

Ivan Silver
Sophie Soklaridis



CAMH - an historical perspective



1850 - Provincial Lunatic Asylum (QS) opens - 211 patients, 250 beds

1861 – Wall construction fully encloses QS

1853-75 - Dr. Joseph Workman, enlightened clinician and educator, is the asylum's Medical Superintendent

1949 - Archibald's alcoholism study spurs creation of ARF

1966 - Clarke Institute opens from calls for a modern facility for allied care, research and

> MIT

teaching

1945 - Dr Gordon Bell founds **Donwood**

1925 - Toronto Psych. Hospital (forerunner to the Clarke)

merges CAMH

1979-Infamous '999' QS address changes to 1001

1998 restructuring

1972-74 - QS Units 1 - 4, Community Centre open

2008- Phase 1A opens

Feb, April 2010 -Admin Bldg demolition, Phase 1B groundbreaking

Jan 2011 -Gateway Bldg 'topping off'

MENTAL DISEASE



1905 - C.K. Clarke establishes Canada's second nursing school in a psychiatric facility







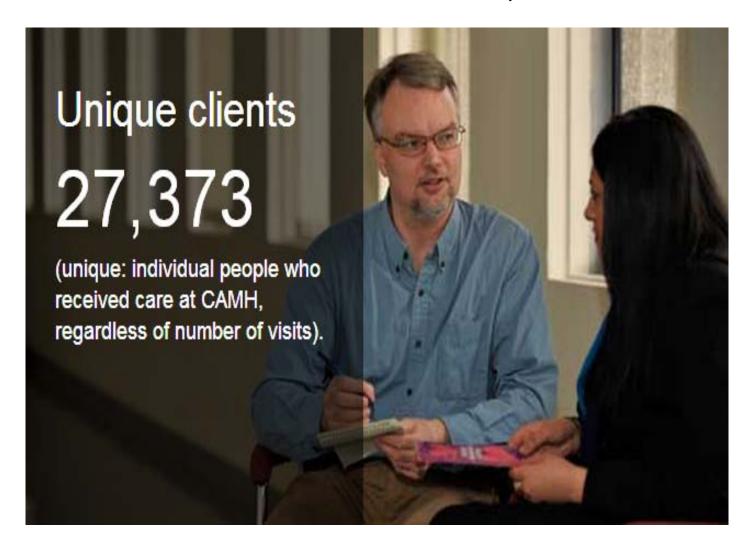


Hospital for the 21st Century – Contemporary Urban Village

CAMH at a glance- 2011-12



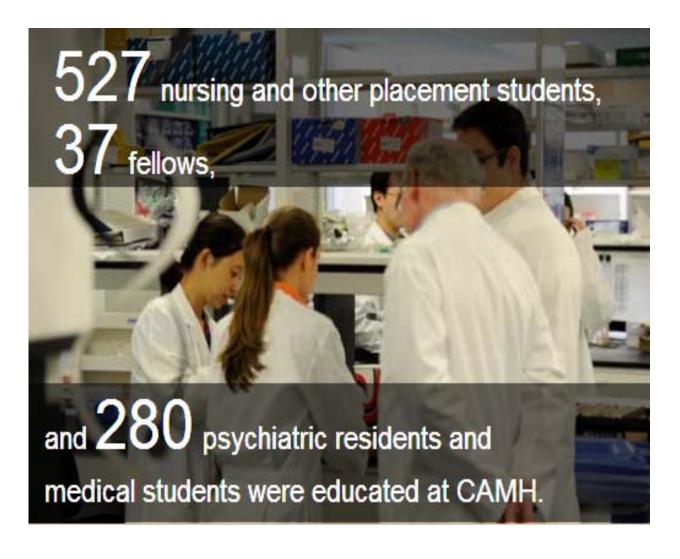
Who CAMH served, 2011-12



Canada's Top Research Hospitals 2012

Rank			Research Income			Researchers*	Research Intensity		
2011	2010	Hospital	FY2011 \$000	FY2010 \$000	% Change 2010- 2011	2010- 2011 #	\$ per Researcher \$000	Province	Main Affiliated Research Institute(s)/Centre(s)
1	1	University Health Network	\$253,245	\$267,654	-5.4	539	\$469.8	Ontario	Ontario Cancer Institute, Toronto General Research Institute, Toronto Western Research Institute
2	3	Hospital for Sick Children	\$167,815	\$172,213	-2.6	538	\$ 311.9	Ontario	Hospital for Sick Children Research Institute
3	4	McGill University Health Centre (MUHC)	\$153,008	\$ 131,147	16.7	628	\$243.6	Quebec	Research Institute of the MUHC
4	2	Hamilton Health Sciences	\$152,545	\$180,435	-15.5	286	\$ 533.4	Ontario	Population Health Research Inst., Thrombosis/Atherosclerosis Research Institute, Escarpment Cancer Research Institute
5		Provincial Health Services Authority	\$138,722	\$ 151,677	-8.5	633	\$219.2	British Columbia	BC Cancer Research Centre, Child & Family Research Institute, BC Mental Health & Addictions Research Institute
6	6	Ottawa Hospital	\$129,929	\$ 138,350	-6.1	305	\$426.0	Ontario	Ottawa Hospital Research Institute, Ottawa Heart Institute Research Corporation
7	5	Sunnybrook Health Sciences Centre	\$122,100	\$106,000	15.2	236	\$ 517.4	Ontario	Sunnybrook Research Institute
8		Vancouver Coastal Health Authority	\$120,261	\$115,098	4.5	364	\$330.4	British Columbia	Vancouver Coastal Health Research Institute, Providence Health Care Research Institute
9		London Health Sciences Centre/ St. Joseph's Health Care London (a)	\$102,000	\$105,000	-2.9	640	\$159.4	Ontario	Lawson Health Research Institute
10	8	Mount Sinai Hospital, Joseph and Wolf Lebovic Health Complex	\$84,000	\$81,000	3.7	53	\$1,584.9	Ontario	Samuel Lunenfeld Research Institute
11	10	Centre hospitalier universitaire de Québec (CHUQ)	\$ 75,573	\$ 75,735	-0.2	249	\$303.5	Quebec	Centre de recherche du CHUQ
12	11	Centre hospitalier de l'Université de Montréal (CULIA)	\$67,800	\$65,300	3.8	319	\$212.5	Quebec	Centre de recherche du CHUM
13	18	Centre for Addiction and Mental Health	\$54,393	\$42,933	26.7	110	\$494.5	Ontario	
14	14	Sir Mortimer B. Davis Jewish General Hospital	\$34,036	\$31,497	4.9	219	\$246.7	Quebec	Lady Davis Institute for Medical Research
15	15	St. Michael's Hospital	\$53,643	\$49,300	8.8	180	\$298.0	Ontario	Keenan Research Centre,

Students at CAMH, 2011-12



Weaving into the neighbourhood...

But...

Not all 4 hospitals had an academic tradition

Not everything is under one roof

KTE strategy is not integrative

Definition of KTE

"collaborative problem-solving between researchers and decision makers that happens through linkage and exchange... involves interaction between knowledge users and researchers and results in mutual learning through the process of planning, producing, disseminating, and applying existing or new research in decision-making."

Is an integrative KTE strategy for CAMH Mission Impossible?



Where are we now?

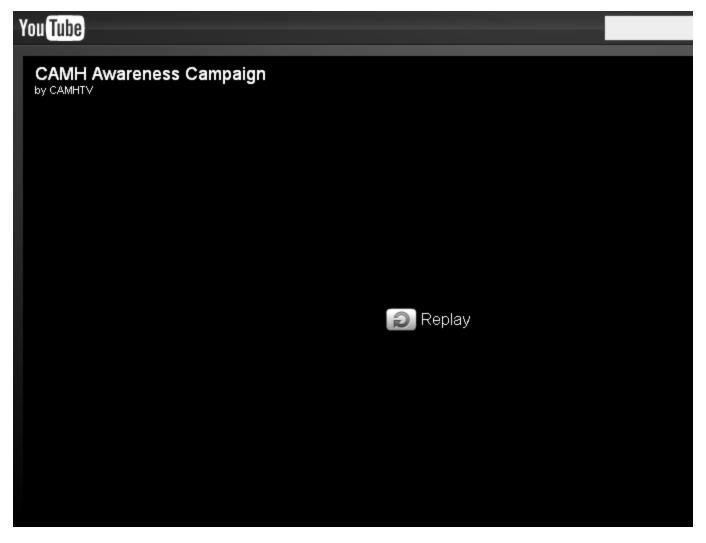
Pockets of excellence

 We don't know all the pockets, but we do know of a few...such as...

CAMH KTE Highlights



Have you seen our latest campaign: Defeat Denial?



Where are we going?



VISION 2020





Education Strategy Framework

Aims of the Education Strategy

As a learning organization CAMH:

- Is globally recognized for mental health education, guided by the engagement and experience of the learner
- Consistently embeds knowledge exchange and best practices, continuously improving internal and system capacity for excellence in client care/experience (KE/KT)
- Advances education research and scholarship, informing best practice within CAMH and externally

Education Strategy - Draft Framework



What next? Discussion

- Can/should hospitals be developing a KTE strategy?
 - What has worked for other academic hospitals?
- How can we link internal and external stakeholders?
- What is the role of KTE brokers and how might hospitals incorporate them to move interactions forward?
- What KTE framework(s) could be applied to academic hospital environments? How can this be linked to professional development?

Thank you!

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